

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S) 549566

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4	1					
5	1					
6	5					
7	5					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	1					
14	1					
15	1					
16	1					
17	1					
18	5					
19	5					
20	1					
21	(1)					
22	(1)					
23	(1)					
24	(1)					
25	1					
26	1					
27	1					
28	1					
29	1					
30	5					
31	5					
32	1					
33	(1)					
34	(1)					
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36	(1)					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	57					
TOTAL CLAIMS	60					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						